

DGS-30-004 (Rev. 02/01)	ARCHITECTURAL / ENGINEERING FIRM DATA	RFP #
SYNOPSIS OF RESPONDING FIRM (continued)		
Submitted By (Firm Name):		
8) LIST PROFESSIONAL LIABILITY INSURANCE CARRIER, LIMITS OF LIABILITY, AND DEDUCTIBLE:		
9) DESCRIBE PROPOSED PARTICIPATION OF SBE, MBE, & WBE BUSINESSES: (Function and % of fee involved)		
(submit SBE, WBE, MBE forms if attached to RFP)		
10a) LIST STATE AGENCIES FOR WHICH THE FIRM HAS HAD A PRIME CONTRACT: (within the last five years)		
<u>AGENCY</u>	<u>PROJECT</u>	
10b) HAS SOMEONE IN FIRM ATTENDED THE BCOM SEMINAR ON THE CONSTRUCTION & PROFESSIONAL SERVICES MANUAL? IF SO, LIST NAMES.		
<u>NAME</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11) LIST NOT MORE THAN FIVE PROJECTS DESIGNED WITHIN THE LAST FIVE YEARS WHICH HAVE SIMILAR SCOPES OR FEATURES TO THIS PROJECT. ATTACH A REPRESENTATIVE PROJECT FORM AE-5 FOR EACH.		
<u>PROJECT</u>	<u>LOCATION</u>	
The foregoing is a statement of fact.		
Typed name: _____ Signature: _____		
Title: _____ Date: _____		

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Submittal For (Project Title):		PC#																																																																																
1) FIRM NAME AND ADDRESS: (office where work will be done) TELEPHONE: _____ FAX: _____ FEIN / SSN: _____	2) YEARS IN BUSINESS a) Under Present name: b) List other names and years:																																																																																	
3) NAMES OF PARENT COMPANY (if any) or MAIN OFFICE: TELEPHONE: _____ FAX: _____	4) SPECIFY TYPE OF OWNERSHIP: <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corp. <input type="checkbox"/> Corporation </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> MBE <input type="checkbox"/> SBE <input type="checkbox"/> WBE </td> </tr> </table> Firm's APELSLA License #: _____		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corp. <input type="checkbox"/> Corporation	<input type="checkbox"/> MBE <input type="checkbox"/> SBE <input type="checkbox"/> WBE																																																																														
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5) NAMES OF NOT MORE THAN TWO PRINCIPALS TO CONTACT: (Title and Phone Number)																																																																																		
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6) NUMBER OF PERSONNEL IN FIRM AT (1) ABOVE BY DISCIPLINE: (List each person only once) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Licensed</u></th> <th style="text-align: center;"><u>Unlicensed</u></th> <th style="text-align: center;"><u>Draft</u></th> <th style="text-align: center;"><u>Field</u></th> </tr> </thead> <tbody> <tr><td>Project Managers</td><td></td><td></td><td></td><td></td></tr> <tr><td>Architects</td><td></td><td></td><td></td><td></td></tr> <tr><td>Civil Engineers</td><td></td><td></td><td></td><td></td></tr> <tr><td>Structural Engineers</td><td></td><td></td><td></td><td></td></tr> <tr><td>Mechanical Engineers</td><td></td><td></td><td></td><td></td></tr> <tr><td>Electrical Engineers</td><td></td><td></td><td></td><td></td></tr> <tr><td>Soils Engineers</td><td></td><td></td><td></td><td></td></tr> <tr><td>Landscape Architects</td><td></td><td></td><td></td><td></td></tr> <tr><td>Interior Designers</td><td></td><td></td><td></td><td></td></tr> <tr><td>Asbestos Designers</td><td></td><td></td><td></td><td></td></tr> <tr><td>Surveyors</td><td></td><td></td><td></td><td></td></tr> <tr><td>Construction Admin. / Insp.</td><td></td><td></td><td></td><td></td></tr> <tr><td>CADD Operators</td><td></td><td></td><td></td><td></td></tr> <tr><td>Specifications</td><td></td><td></td><td></td><td></td></tr> <tr> <td style="text-align: right;">TOTALS</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Licensed</u>	<u>Unlicensed</u>	<u>Draft</u>	<u>Field</u>	Project Managers					Architects					Civil Engineers					Structural Engineers					Mechanical Engineers					Electrical Engineers					Soils Engineers					Landscape Architects					Interior Designers					Asbestos Designers					Surveyors					Construction Admin. / Insp.					CADD Operators					Specifications					TOTALS				
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PROJECT STAFFING ORGANIZATION		
Submitted By (Firm Name):		
Submittal For (Project Title):		PC#
1) KEY PERSONNEL DESIGNATED FOR THIS PROJECT: (Include Form AE-4 for Each)		
<u>Function</u>	<u>Name</u>	<u>Title</u>
Project Manager		
Architect		
Structural Engineer		
Mechanical Engineer		
Electrical Engineer		
Civil Engineer		
Other		
2) DESCRIBE AVAILABILITY OF STAFF AND CONSULTANTS TO WORK ON THIS PROJECT:		
3) DESCRIBE PROJECT METHODOLOGY, I.E., HOW WILL THE WORK FUNCTIONS, RESPONSIBILITIES AND COORDINATION BE PERFORMED?		
4) DESCRIBE THE METHOD OF QUALITY ASSURANCE YOU WILL USE FOR THE DOCUMENTS FOR THIS PROJECT.		
The foregoing is a statement of fact.		
Typed name: _____		Signature: _____
Title: _____		Date: _____

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PERSONNEL QUALIFICATIONS		
Submitted By (Firm Name):		
Submittal For (Project Title):		PC#
BRIEF RESUME OF KEY INDIVIDUAL PROPOSED FOR THIS PROJECT. PROVIDE ONE FORM FOR EACH PERSON.		
1) NAME AND TITLE: TYPICAL DUTY OR ASSIGNMENT:		
2) ASSIGNMENT FOR THIS PROJECT: PERCENT OF TYPICAL 40 HOUR WORKWEEK THIS PERSON WOULD SPEND ON THIS PROJECT: _____ PERCENT		
3) EMPLOYEE OF:		
4) YEARS OF EXPERIENCE: _____ YEARS TOTAL EXPERIENCE _____ YEARS WITH THIS FIRM		
5) EDUCATION: COLLEGE / DEGREE(S) / YEAR / SPECIALIZATION:		
6) ACTIVE REGISTRATION: Year first registered / State / Discipline or Type COMMONWEALTH OF VIRGINIA 6-DIGIT REGISTRATION / CERTIFICATE / LICENSE NUMBER: ARCHITECT# _____ or ENGINEER # _____		
7) EXPERIENCE AND / OR QUALIFICATIONS RELEVANT TO THIS PROJECT: (List up to six (6) relevant projects and indicate your role and responsibility for each.)		
The foregoing is a statement of fact. Typed name: _____ Signature: _____ Title: _____ Date: _____		

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1) PROJECT NAME: PROJECT TYPE: _____ LOCATION: _____																																		
2) OWNER: Project Administrator: _____ Title: _____ Address: _____ Phone Number: _____ FAX Number: _____																																		
3) PRIME CONTRACTOR: Project Manager: _____ Phone Number: _____ Superintendent: _____ FAX Number: _____																																		
4) NAMES OF KEY DESIGNERS/PROJECT MANAGERS STILL WITH THE FIRM AND THEIR SPECIFIC PROJECT RESPONSIBILITIES: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Discipline</u></th> <th style="text-align: left;"><u>Firm /Employer</u></th> <th style="text-align: left;"><u>Individual</u></th> <th style="text-align: left;"><u>Assignment on Project</u></th> </tr> </thead> <tbody> <tr><td>Prime A/E</td><td></td><td></td><td></td></tr> <tr><td>Architectural</td><td></td><td></td><td></td></tr> <tr><td>Structural</td><td></td><td></td><td></td></tr> <tr><td>Mechanical</td><td></td><td></td><td></td></tr> <tr><td>Electrical</td><td></td><td></td><td></td></tr> <tr><td>Civil</td><td></td><td></td><td></td></tr> <tr><td>Special Consultant</td><td></td><td></td><td></td></tr> </tbody> </table>			<u>Discipline</u>	<u>Firm /Employer</u>	<u>Individual</u>	<u>Assignment on Project</u>	Prime A/E				Architectural				Structural				Mechanical				Electrical				Civil				Special Consultant			
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5) NAMES OF APPLICABLE CODE(S): <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> VUSBC <input type="checkbox"/> BOCA <input type="checkbox"/> SOUTHERN <input type="checkbox"/> LIFE SAFETY <input type="checkbox"/> UFAS/ADA <input type="checkbox"/> _____ </div> <div style="text-align: right;"> <u>Other (describe)</u> _____ </div> </div>																																		
6) DESCRIPTION OF RELEVANT PROJECT FEATURES:																																		
7) CONSTRUCTION DATA: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">TYPE:</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: right;"><u>Duration (months)</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>GROSS AREA:</td> <td><u>PROJECT SCHEDULE:</u></td> <td style="text-align: right;"><u>Sched</u></td> <td style="text-align: right;"><u>Actual</u></td> </tr> <tr> <td>NUMBER FLOOR LEVELS:</td> <td>Design</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Construction</td> <td></td> <td></td> </tr> <tr> <td>OWNER's BUDGET:</td> <td>NUMBER OF CHANGE ORDERS:</td> <td></td> <td></td> </tr> <tr> <td>A/E ESTIMATE:</td> <td>COST OF CHANGE ORDERS:</td> <td></td> <td></td> </tr> <tr> <td>LOW BID:</td> <td>DATE OF SUBSTANTIAL COMPLETION:</td> <td></td> <td></td> </tr> </table>			TYPE:		<u>Duration (months)</u>		GROSS AREA:	<u>PROJECT SCHEDULE:</u>	<u>Sched</u>	<u>Actual</u>	NUMBER FLOOR LEVELS:	Design				Construction			OWNER's BUDGET:	NUMBER OF CHANGE ORDERS:			A/E ESTIMATE:	COST OF CHANGE ORDERS:			LOW BID:	DATE OF SUBSTANTIAL COMPLETION:						
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8) DESCRIBE ANY SBE, MBE, AND WBE PARTICIPATION ON THE DESIGN PHASE (Firm, Function, and Percentage of fee).																																		
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	SUPPLEMENTAL INFORMATION	

Submitted By (Firm Name):

Submittal For (Project Title):PC#

The foregoing is a statement of fact.

Typed name:Signature:

Title:Date:

**INSTRUCTIONS FOR COMPLETING AE DATA FORMS
FOR SUBMISSION TO COMMONWEALTH OF VIRGINIA
AGENCIES IN RESPONSE TO REQUEST FOR PROPOSALS**

Be factual and concise. Remember that the Building Committee members will be reviewing 30 to 50 responses to an RFP on the average and selecting 3 to 5 firms for an interview.

Form AE-1 & 1A SYNOPSIS OF RESPONDING FIRM

Insert RFP # to which response is being made.

Insert name of Responding Firm.

Insert name of Project and Project Code (PC#).

- 1 Show firm name, physical address and mailing address.
Provide telephone number and FAX # of respondent
Provide SSN or FEIN for firm.
- 2a,b Provide information requested
- 3 Provide name & address of Parent Company or Home Office
Provide its telephone number and FAX #
- 4 Show Type of Ownership of firm and Disadvantage status. Provide the firm's APELSLA license number.
- 5 Show name of principal(s) to contact concerning this RFP response. Show position title and telephone number.
- 6 Show the name of consultant(s) or other office, the nature of the consultant or other office's project responsibility/discipline. Answer each question with a yes or no.
- 7 Indicate number of "In-House" technical person(s) in various disciplines and skill levels. (Attach Form AE-2 for each consultant or other office.)
- 8 Show the name of the Professional Liability Insurance Carrier and the policy Limits of Liability with deductible.
- 9 Describe proposed involvement of "Disadvantaged" businesses.
- 10 (a) List State Agencies for whom the firm has worked in last 5 years.
(b) Provide names of firm's personnel who have attended BCOM seminar on the requirements of the Commonwealth of Virginia Construction and Professional Services Manual for Architects and Engineers (A/E Manual).
- 11 List 3 to 5 recently designed projects that have similar scopes or features. Provide Representative Project Data Form AE-5 for each.

General: Provide respondent's typed name, title, signature and date.

Form AE-2 CONSULTANT / OTHER OFFICE

General:

Insert RFP # being responded to

Insert name of Entity responding

Insert name of Project and PC#

- 1 Show firm name, physical address and mailing address.
Provide telephone number and FAX # of respondent
Provide SSN or FEIN for firm.

2a,b Provide information requested

- 3 Provide name & address of Parent Company or Home Office
Provide its telephone number and FAX #.
- 4 Show Type of Ownership of firm and Disadvantage status.
Provide firm's APELSLA License Number.
- 5 Show name, title, and phone number of principal(s) who will be "in charge" of this firm's work on this project.
- 6 Indicate number of "In-House" technical personnel by discipline and skill level in consultant's or other office.
- 7 Describe Functions or Services to be provided by this consultant or other office.
- 8 Provide names of firm's personnel who have attended BCOM seminar on the requirements of the Commonwealth of Virginia Construction and Professional Services Manual for Architects and Engineers (A/E Manual), if any.
- 9 Indicate on how many projects this consultant has provided services to the prime.
- 10 Show the consultant's Professional Liability Limits of Insurance with deductible.

General: Provide consultant's typed name, title, signature and date.

Form AE-3 PROJECT STAFFING ORGANIZATION

General:

Insert RFP # being responded to
Insert name of Entity responding
Insert name of Project and PC#

- 1 List Project Manager and primary responsible charge designer for each discipline or specialty. Complete a separate Form AE-4 for each person listed.
- 2 Will the persons listed be available to design this project? Do you have sufficient staff to commit to design this project on schedule considering the other work you and your consultants have? Explain.
- 3 How do you propose to assign responsibilities and coordinate the various disciplines involved?
- 4 Explain how you propose to assure that the documents clearly and fully describe the work to be done and how the work shown by the various disciplines will be coordinated.

General: Provide respondent's typed name, title, signature and date.

Form AE-4 PERSONNEL QUALIFICATIONS

(Use Separate AE-4 for EACH KEY PERSON for this project)

General:

Insert RFP # to which response is being made.
Insert name of Responding Firm.
Insert name of Project and Project Code (PC#).

- 1 Name, Title and usual job assignment of key person for this project
- 2 This person's job assignment for this project.
- 3 This person's employer
- 4 This person's years of experience total and with current employer.
- 5 List College/University attended, Degree earned, year completed, and curriculum or area of specialization

- 6 Provide information on initial professional registration. Provide Virginia 6 digit registration/license number as it appears on the APELSA certificate.
- 7 Tell what experience or qualifications this person has which makes her or him especially valuable for this particular project.

Form AE-5 REPRESENTATIVE PROJECT DATA

General:

Insert RFP # to which response is being made.

Insert name of Responding Firm.

Insert name of Project and Project Code (PC#).

Using copies of form AE-5, provide information on no more than 5 representative projects which best demonstrate your experience and qualifications for this type of project. List projects which have similar features, functions, and/or systems to those envisioned for this project.

- 1 Provide representative project name, type of facility (e.g., dorm, hospital, etc.), and the project location.
- 2 Provide information concerning the Owner for possible reference check.
- 3 Provide information concerning the Contractor who built the project.
- 4 For each discipline shown, list the names of the firms which were responsible for the design in that discipline. Also list the key personnel, still with the firm, for each discipline. Include the most significant special consultant, if any.
- 5 List the applicable codes which applied to this project
- 6 Briefly describe the project and its features. What is special about this project that would be of interest to the Building Committee for the proposed project?
- 7 Provide requested construction data.
- 8 Describe any SBE, MBE, and WBE participation. Include name of firm(s), their project function, and percent of fee.

Form AE-6 SUPPLEMENTAL INFORMATION

General:

Insert RFP # to which response is being made.

Insert name of Responding Firm.

Insert name of Project and Project Code (PC#).

Provide additional Relevant information in brief outline or bullet format. Why should your firm be selected for an interview?

What expertise can you or your consultants bring to this project to assure optimum functional space utilization design and its timely and cost effective completion?

Photographs of past projects or other elaborate material are not required unless specifically requested in the RFP.

Firms selected for interviews may, at that time, present supplemental data to further clarify their qualification, skills, abilities, performance record and approach to providing the services.